

**FEC FORM 5****REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED****To Be Used by Persons (Other than Political Committees) including Qualified Nonprofit Corporations**

1. (a) Name of Individual, Organization or Corporation <b>INDEPENDENT WOMEN'S VOICE</b>		3. FEC Identification Number <div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C90011115</div>			
(b) Address (number and street) <input type="checkbox"/> check if different than previously reported 4400 JENIFER STREET NW STE 204 SUITE 240					
(c) City, State and ZIP Code WASHINGTON DC 20015					
2.	<b>Corporate filers only</b> Is the filer a qualified nonprofit corporation? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
<table style="width: 100%; border: none;"> <tr> <td style="width: 5%; border: none;"><b>Individual filers only</b></td> <td style="width: 65%; border: none;">Name of Employer</td> <td style="width: 30%; border: none;">Occupation</td> </tr> </table>			<b>Individual filers only</b>	Name of Employer	Occupation
<b>Individual filers only</b>	Name of Employer	Occupation			

## 4. TYPE OF REPORT (check appropriate boxes):

- (a) ☐ April 15 Quarterly Report ☐ 24-Hour Notice ☐ 48-Hour Notice
- ☐ July 15 Quarterly Report
- ☒ October Quarterly Report
- ☐ January 31 Year-End Report

(b) Is this Report an amendment? Yes ☐ No ☒

5. COVERING PERIOD: FROM 

M M  
0 7

 / 

D D  
0 1

 / 

Y Y Y Y  
2 0 1 0

THROUGH

M M  
0 9

 / 

D D  
3 0

 / 

Y Y Y Y  
2 0 1 0

6. TOTAL CONTRIBUTIONS ..... 

66095.60

7. TOTAL INDEPENDENT EXPENDITURES..... 

66095.60

Under penalty of perjury, I certify that the independent expenditures reported herein were not made with the cooperation or prior consent of, or in constitution with, or at the request or suggestion of, a candidate or a candidate's agent or authorized committee or a political party committee or its agent. In addition, if the independent expenditures reported herein were made by a corporation, I certify that the corporation is a qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

SIGNATURE

DATE

Heather R. Higgins

10/11/2010

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this report to the penalties of 2 U.S.C. 437g.

For further information, contact:

Federal Election Commission, 999 E Street, N.W., Washington, D.C. 20463 Toll Free 800-424-9530, Local 202-694-1100

**SCHEDULE 5-A  
ITEMIZED RECEIPTS**

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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF FILER (In Full)

INDEPENDENT WOMEN'S VOICE

**A.** Full Name (Last, First, Middle Initial)

Parker J. Collier

Mailing Address

9045 Strade Still Court

City

Naples

State

FL

Zip Code

34107

FEC ID number of contributing  
federal political committee.

C

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 1 2 / 2 0 1 0

Transaction ID: F56.4103

Amount of Each Receipt this Period

36263.12

Name of Employer

Equestrian Cntr at Horse Creek

Occupation

Owner

**B.** Full Name (Last, First, Middle Initial)

Parker J. Collier

Mailing Address

9045 Strade Still Court

City

Naples

State

FL

Zip Code

34107

FEC ID number of contributing  
federal political committee.

C

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 1 3 / 2 0 1 0

Transaction ID: F56.4110

Amount of Each Receipt this Period

29832.48

Name of Employer

Equestrian Cntr at Horse Creek

Occupation

Owner

**SUBTOTAL** of Receipts This Page (optional) .....

66095.60

**TOTAL** This Period (last page carry total to Line 6) .....

66095.60

**SCHEDULE 5-E**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE **3 / 4**

FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

INDEPENDENT WOMEN'S VOICE

Full Name (Last, First, Middle Initial) of Payee  
Connection Strategy, LLC

Date

M M / D D / Y Y Y Y  
0 9 / 1 2 / 2 0 1 0Mailing Address  
PO Box 2192

Amount

29013.12

City  
ArlingtonState  
VAZip Code  
22202Purpose of Expenditure  
NH Phone CallsCategory/  
Type

Office Sought:

☐ HouseState: NH

Senate

☒ SenateDistrict: 00☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:  
WILLIAM H BINNIE

Disbursement For:

☒ Primary☐ General☐ Other (specify)Calendar Year-To-Date Per Election  
for Office Sought

29013.12

Full Name (Last, First, Middle Initial) of Payee  
Connection Strategy, LLC

Date

M M / D D / Y Y Y Y  
0 9 / 1 2 / 2 0 1 0Mailing Address  
PO Box 2192

Amount

2250.00

City  
ArlingtonState  
VAZip Code  
22202Purpose of Expenditure  
Phone Number Database PurchaseCategory/  
Type

Office Sought:

☐ HouseState: NH

Senate

☒ SenateDistrict: 00☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:  
WILLIAM H BINNIE

Disbursement For:

☒ Primary☐ General☐ Other (specify)Calendar Year-To-Date Per Election  
for Office Sought

31263.12

Full Name (Last, First, Middle Initial) of Payee  
Connection Strategy, LLC

Date

M M / D D / Y Y Y Y  
0 9 / 1 3 / 2 0 1 0Mailing Address  
PO Box 2192

Amount

29832.48

City  
ArlingtonState  
VAZip Code  
22202Purpose of Expenditure  
Phone Bank/CallsCategory/  
Type

Office Sought:

☐ HouseState: NH

Senate

☒ SenateDistrict: 00☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:  
WILLIAM H BINNIE

Disbursement For:

☒ Primary☐ General☐ Other (specify)Calendar Year-To-Date Per Election  
for Office Sought

61095.60

(a) **SUBTOTAL** of Itemized Independent Expenditures .....

61095.60

(b) **SUBTOTAL** of Unitemized Independent Expenditures .....(c) **TOTAL** Independent Expenditures .....  
(carry total from last page forward to Line 7)

**SCHEDULE 5-E**  
**ITEMIZED INDEPENDENT EXPENDITURES**

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FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

INDEPENDENT WOMEN'S VOICE

Full Name (Last, First, Middle Initial) of Payee  
William W. Pascoe, III

Date

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	2		2	0	1	0

Mailing Address  
2101 Mill Road #413

Amount

5000.00

City  
AlexandriaState  
VAZip Code  
22314Purpose of Expenditure  
Script drafting and productionCategory/  
Type

Office Sought:

☐

House

State: NH

Senate

☒

Senate

District: 00

☐

President

Check One:

☒

Support

☐

Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:  
WILLIAM H BINNIECalendar Year-To-Date Per Election  
for Office Sought

5000.00

Disbursement For:  
2010☒

Primary

☐

General

☐ Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures .....

5000.00

(b) SUBTOTAL of Unitemized Independent Expenditures .....

(c) TOTAL Independent Expenditures .....  
(carry total from last page forward to Line 7)

66095.60